

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-034031

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8847

STATE FILE NUMBER

FILED SEP 6 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. Louis

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jefferson

c. CITY OR TOWN Crystal City

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Lutheran Hospital

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
417 Mississippi Ave.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First
Elmer

Middle
P.

Last
Reich

4. DATE OF DEATH

Month
Sept.

Day
1,

Year
1963

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
9/1/97

9. AGE (last birthday)
66

IF UNDER 1 YEAR
Months Days

IF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Machinist

10b. KIND OF BUSINESS OR INDUSTRY
Glass Manufacturer

11. BIRTHPLACE (City and state or country)
St. Genevieve, Mo.

12. CITIZEN OF WHAT COUNTRY
Jefferson County

13a. FATHER'S NAME

William Reich

13b. MOTHER'S MAIDEN NAME

Getting

14. NAME OF HUSBAND OR WIFE

Drury

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT
William Reich Box 151 Herculanum, Mo.

Address

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral hemorrhage

INTERVAL BETWEEN ONSET AND DEATH
60 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Hypertension

DUE TO (c)

331 X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Renovascular arterial sclerosis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT ☐

SUICIDE ☐

HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 8/30/63 to 9/1/63 and last saw her alive on 9/1/63
Death occurred at 9:50 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Edward W. Czerninski M.D.

22b. ADDRESS

3701 Grand St.

22c. DATE SIGNED

9/3/63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

23b. DATE

Sept. 4, 1963

23c. NAME OF CEMETERY OR CREMATORY

Catholic Cemetery

23d. LOCATION (City, town, or county)

Crystal City, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Vinyard Funeral Home, Inc., Festus, Mo.

25. DATE RECD. BY LOCAL REG.

SEP 3 1963

26. REGISTRAR'S SIGNATURE

Carl Smith M.D.

OCT 14 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by LEBOY T. LUCAS, Student Embalmer No. 697
working under my personal supervision.

Student

Leboy T. Lucas
Signature of Student Embalmer

Signed

Keith B. Virgin

Licensed Embalmer No.

4976

P. O. Address

Festus, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.